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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SENATE SECRETARY OF THE SENATE PUBLIC REJORDS

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FORM 1	ONGANIZATION	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
Dr. Monica We	ehby for U.S. Senate	
ADDRESS (number and stree	PO Box 3375	
(Check if address is changed)	Portland	OR 97208
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADD	DRESS (Please provide only one e-mail address)	
(Check if address is changed)	bryan@politicalfinancesolution	ons.com
COMMITTEE'S WEB PAGE		
(Check if address	s (TBD	
າ 🗀 is changed)		
2. DATE 10 '	15° 2013	
3. FEC IDENTIFICATION	N NUMBER CTBD	
4. IS THIS STATEMENT.	NEW (N) OR AMENDED (A)	·
I certify that I have examine	ed this Statement and to the best of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treas	Bryan Burch	
Signature of Treasurer		Date 10" 15" 2013
NOTE: Submission of false, er	rroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED I	· · · · · · · · · · · · · · · · · · ·
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	